

INCIDENT DATA

VICTIM / WITNESS DATA

REPORTING

VEHICLE DATA

PROPERTY DATA

1. Incident / CICA No.		2. Date of Report: Mo. Day Year Time		3. Ga. Code(s)		4. Conf.		5. Vic. #		6. UCR Class		7. Reserved			
8. Beat:		9. Location of Incident: (Street #, street name, Apt #) <div><input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> Fulton <input type="checkbox"/> Dekalb <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/> Airport</div>										10. Location Type:*			
11. Date/Time Incident: Mo. Day Year Time Mo. Day Year Time				12. Reporting Officer: (L/F/M, Suffix)				13. Sex		14. APD ID NO.		15. Assignment			
16. Count Code: <input type="checkbox"/> Reported Case <input type="checkbox"/> Witnessed Case				Off Days: <div>S M T W T F S</div>		Regular Court Time:									
17. Describe how crime was committed / how incident occurred:										18. Attempt Only <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Weapon or Tool:*			
20. Temperature / Weather: <div><input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Cloudy <input type="checkbox"/> 2 Clear <input type="checkbox"/> 4 Snow <input type="checkbox"/> 5 sleet <input type="checkbox"/> 6 Fog <input type="checkbox"/> 3 Rain</div>				21. Forced Entry? <input type="checkbox"/> Yes <input type="checkbox"/> No		22. Alcohol Related? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. Gang Related? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. Family Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Security Devices? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Special Events? <input type="checkbox"/> Yes <input type="checkbox"/> No (list)	
28. Incident appear Yes <input type="checkbox"/> No <input type="checkbox"/> drug related?		29. If Yes, Indicate type of drug(s): <div><input type="checkbox"/> 01 Amphetamine <input type="checkbox"/> 02 Barbiturate <input type="checkbox"/> 03 Cocaine <input type="checkbox"/> 04 Hallucinogen <input type="checkbox"/> 05 Heroin <input type="checkbox"/> 06 Marijuana <input type="checkbox"/> 07 Methamphetamine <input type="checkbox"/> 08 Opium <input type="checkbox"/> 09 Synthetic Narcotic <input type="checkbox"/> U Unknown</div>													
1. Code:*		2. Name: (L/F/M, Suffix) <input type="checkbox"/> ADLT <input type="checkbox"/> JUV <input type="checkbox"/> BUS <input type="checkbox"/> GOV <input type="checkbox"/> POL			3. Race:*		4. Sex		5. Date of Birth:		6. Ga. Code(s)		7. UCR Class		
8. Address: (Street #, street name, Apt. #, City, St., Zip)							9. Work Phone () -		10. Sobriety <div><input type="checkbox"/> 1 Sober <input type="checkbox"/> 4 UI / Alcohol <input type="checkbox"/> UI / Both <input type="checkbox"/> 2 Unk <input type="checkbox"/> 5 UI / Synthetic Narcotic Alcohol / Drugs</div>						
11. Temporary Address Until:							12. Home Phone () -		13. Prosecute / Testify: <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Victim Notified of Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Relation to Offender:*			16. Med. Treat. - Hospital / Treat. Center: <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Extent of Injury <div><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal</div>		18. Location of Injury on body:			19. Type of Injury:*				
20. If no injury, describe threat / act:							21. Victim's School: (Name, Address)								
1. Code:*		2. Name: (L/F/M, Suffix) <input type="checkbox"/> ADLT <input type="checkbox"/> JUV <input type="checkbox"/> BUS <input type="checkbox"/> GOV <input type="checkbox"/> POL			3. Race:*		4. Sex		5. Date of Birth:		6. Ga. Code(s)		7. UCR Class		
8. Address: (Street #, street name, Apt. #, City, St., Zip)							9. Work Phone () -		10. Sobriety <div><input type="checkbox"/> 1 Sober <input type="checkbox"/> 4 UI / Alcohol <input type="checkbox"/> UI / Both <input type="checkbox"/> 2 Unk <input type="checkbox"/> 5 UI / Synthetic Narcotic Alcohol / Drugs</div>						
11. Temporary Address Until:							12. Home Phone () -		13. Prosecute / Testify: <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Victim Notified of Rights: <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Relation to Offender:*			16. Med. Treat - Hospital / Treat. Center: <input type="checkbox"/> Yes <input type="checkbox"/> No			17. Extent of Injury <div><input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal</div>		18. Location of Injury on body:			19. Type of Injury:*				
20. If no injury, describe threat / act:							21. Victim's School: (Name, Address)								
2. Reporting person's Name: (L/F/M, Suffix)					3. Race:*		4. Sex		5. Date of Birth:		6. Testify: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Relation to Victim/ Offender:*		
8. Sobriety: <input type="checkbox"/> 1 Sober <input type="checkbox"/> 2 Unknown <input type="checkbox"/> 4 UI / Alcohol <input type="checkbox"/> 5 UI / Drugs <input type="checkbox"/> 6 UI / Combination of Alcohol / Drugs															
9. Address: (Street #, street name, Apt. #, St., Zip)								10. Work Phone () -		11. Home Phone () -					
1. Also see # Impound Report(s)		2. Owner's Name: (L/F/M, Suffix) Address: (Street #, street name, Apt. #, City, St., Zip)										3. Work Phone () -			
4. Driver's Name: (L/F/M, Suffix)				5. Is Driver Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Record Type: <div><input type="checkbox"/> T Theft from Vehicle <input type="checkbox"/> S Stolen <input type="checkbox"/> V Suspect Vehicle <input type="checkbox"/> R Recovered <input type="checkbox"/> D Damaged</div>		7. Home Phone () -							
8. Vehicle Type:*		9. Year		10. Make:		11. Model		12. VIN							
13. Vehicle Style:*		14. Color		15. Tag Number:		16. State		17. Year		18. Tag Type*		19. Doors Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No Ignition Locked? <input type="checkbox"/> Yes <input type="checkbox"/> No Keys in Ignition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Date Lost / Stolen		15. Stolen Veh. Value \$		16. Recovered Veh. Value \$		17. Vehicle Reported Stolen <div><input type="checkbox"/> In Atlanta <input type="checkbox"/> Outside</div>		If out, jurisdiction:							
1. Also see # Prop. /Evidence Inventory(s)		2. Cont' on back of suppl. narr. <input type="checkbox"/> Yes <input type="checkbox"/> No		RECORD TYPE: <div><input type="checkbox"/> D - Damaged <input type="checkbox"/> L - Lost <input type="checkbox"/> R - Recovered <input type="checkbox"/> S - Stolen</div>		PROPERTY TYPE: <div><input type="checkbox"/> B - Currency <input type="checkbox"/> C - Jewelry <input type="checkbox"/> F - Office Equipment <input type="checkbox"/> E - Clothing <input type="checkbox"/> G - Electronics <input type="checkbox"/> H - Household Goods <input type="checkbox"/> I - Firearms <input type="checkbox"/> J - Consumables <input type="checkbox"/> L - Others</div>		PROPERTY STATUS: <div><input type="checkbox"/> F - Found <input type="checkbox"/> R - Returned <input type="checkbox"/> N/A - Not in Possession of APD</div>							
3. Record Type*		4. # QUANTITY / DESCRIPTION Make - Model - Identifying Feature				5. Property Type*		6. Serial No. or Identifying No.		7. Estimated Value - \$ Amount		8. Property Status*			
		#													
		#													
		#													

	#				
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Form APD 001, revised 11/26/01

Incident / CICA No.		ATLANTA POLICE DEPARTMENT REPORT (back)				INCIDENT			
1. <input type="checkbox"/> APR <input type="checkbox"/> Copy <input type="checkbox"/> SUS <input type="checkbox"/> MIS <input type="checkbox"/> PRI. AGG.		2. UCR Code		1. <input type="checkbox"/> APR <input type="checkbox"/> Copy <input type="checkbox"/> SUS <input type="checkbox"/> MIS <input type="checkbox"/> PRI. AGG.		2. UCR Code			
3. Name (L/F/M, Suffix)		4. GCIC / Status		3. Name (L/F/M, Suffix)		4. GCIC / Status			
5. D.O.B.	6. Sex	7. Race*	8. <input type="checkbox"/> Alias <input type="checkbox"/> Assoc.	5. D.O.B.	6. Sex	7. Race*	8. <input type="checkbox"/> Alias <input type="checkbox"/> Assoc.		
9. Age To	10. Height To	11. Weight To	12. Build*	9. Age To	10. Height To	11. Weight To	12. Build*		
13. Residence			Telephone () -	13. Residence			Telephone () -		
14. Who ID'd this person?		15. Occupation / Gang		14. Who ID'd this person?		15. Occupation / Gang			
16. <input type="checkbox"/> DL <input type="checkbox"/> SSN		State		16. <input type="checkbox"/> DL <input type="checkbox"/> SSN		State			
17. School				17. School					
18. Hat	19. Shirt	20. <input type="checkbox"/> Pants <input type="checkbox"/> Dress	<input type="checkbox"/> Shorts <input type="checkbox"/> Skirt	18. Hat	19. Shirt	20. <input type="checkbox"/> Pants <input type="checkbox"/> Dress	<input type="checkbox"/> Shorts <input type="checkbox"/> Skirt		
21. Coat	22. Shoes	23. Clothing Type*		21. Coat	22. Shoes	23. Clothing Type*			
24. Hair color*	25. Style*	26. Eye color*	27. Eye Defect*	24. Hair color*	25. Style*	26. Eye color*	27. Eye Defect*		
28. Facial Hair*	29. Teeth*	30. Skin Tone*	31. Complexion*	28. Facial Hair*	29. Teeth*	30. Skin Tone*	31. Complexion*		
32. Head Use*	33. jewelry	34. Oddity*	35. Speech*	32. Head Use*	33. jewelry	34. Oddity*	35. Speech*		
36. Impersonate*	37. Amp/Deform	38. <input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo (location / description)*		36. Impersonate*	37. Amp/Deform	38. <input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo (location / description)*			
39. Med. Treat. Rec'd - Hospital / Treatment Center: <input type="checkbox"/> Yes <input type="checkbox"/> No				39. Med. Treat. Rec'd - Hospital / Treatment Center: <input type="checkbox"/> Yes <input type="checkbox"/> No					
40. Injury Extent*		41. Injury Location (body)		40. Injury Extent*		41. Injury Location (body)			
42. Injury Type*				42. Injury Type*					
43. Arrest Date Time		44. Arrest Location(Street #,street name, Apt #) <input type="checkbox"/> NW <input type="checkbox"/> NE		43. Arrest Date Time		44. Arrest Location(Street #,street name, Apt #) <input type="checkbox"/> NW <input type="checkbox"/> NE			
45. Weapon <input type="checkbox"/> Auto		46. Weapon <input type="checkbox"/> Auto		45. Weapon <input type="checkbox"/> Auto		46. Weapon <input type="checkbox"/> Auto			
47. # Chgs.		48. Court Date Time		47. # Chgs.		48. Court Date Time			
49. Sobriety <input type="checkbox"/> 1 Sober <input type="checkbox"/> 4 UI / Alcohol <input type="checkbox"/> 6 UI / Both <input type="checkbox"/> 2 Unk <input type="checkbox"/> 5 UI / Drugs Alcohol/Drugs				49. Sobriety <input type="checkbox"/> 1 Sober <input type="checkbox"/> 4 UI / Alcohol <input type="checkbox"/> 6 UI / Both <input type="checkbox"/> 2 Unk <input type="checkbox"/> 5 UI / Drugs Alcohol/Drugs					
50. Charges (Code #/ Title)				50. Charges (Code #/ Title)					
51. M.P.Type:*	52. M.P.Status*	53. Foul Play? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	54. Prev. Missing? <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Rec. Code:*	51. M.P.Type:*	52. M.P.Status*	53. Foul Play? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
54. Prev. Missing? <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Rec. Code				54. Prev. Missing? <input type="checkbox"/> Yes <input type="checkbox"/> No	55. Rec. Code			
56. Drug Activity: <input type="checkbox"/> None <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Possess <input type="checkbox"/> History of Use		57. Drug Type:*		58. Qty. Drug:	56. Drug Activity: <input type="checkbox"/> None <input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Possess <input type="checkbox"/> History of Use		57. Drug Type:*		
58. Qty. Drug:					58. Qty. Drug:				
59. Was ID work requested or completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Performed: <input type="checkbox"/> Photo <input type="checkbox"/> Fingerprint <input type="checkbox"/> Composite <input type="checkbox"/> Other			60. Performed By:		61. Point of Entry*		62. Method of Entry*		
63. Security Measures*					63. Security Measures*				
64. Perpetrator Actions toward Victim: (Code Series A-J)*				65. Perpetrator Behavior/ / Actions: (Code Series K-S)*					
66.									
THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND RELIEF.									
67. Referred to: <input type="checkbox"/> Zone <input type="checkbox"/> RD <input type="checkbox"/> FV <input type="checkbox"/> HR <input type="checkbox"/> Fug <input type="checkbox"/> Vice <input type="checkbox"/> SD <input type="checkbox"/> Hom <input type="checkbox"/> Sex <input type="checkbox"/> Burg <input type="checkbox"/> Larc <input type="checkbox"/> Youth <input type="checkbox"/> PS2				68. Reporting Officer's Signature		69. APD ID No.			

<input type="checkbox"/> AHA <input type="checkbox"/> CP <input type="checkbox"/> Narc <input type="checkbox"/> SIS <input type="checkbox"/> Rob <input type="checkbox"/> AT		70. SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 19 ____.	
		72. APD ID No.	73. Supervisor's Signature
			74. APD ID No.